PART B - FEE(S) TRANSMITTAL

B	AY 3 1 2007			or <u>Fax</u>	P.O. Box 1450 Alexandria, Vir (571)-273-2885	ginia 22.	313-1450	
INSTRUCTIONS: The appropriate. All further indicated unless corrected maintenance fee notification	orm should be deed presupposed include below or directed o ons.	for transming the Pat therwise in	itting the ISS ent, advance Block 1, by	SUE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if requois maintenance fees orrespondence address	uired). Blo will be m s; and/or (ocks I through 5 slailed to the current (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDEN	change of address	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
FITZPATRICK 30 ROCKEFELLE NEW YORK, NY	CINTO	Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
	(Depositor's name)							
		(Signature) (Date)						
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		O.D.	R ATTORNEY DOCKET NO. CON		
09/981,219	10/16/2001	1_	William A.			3129.000100/16026-9263-01		CONFIRMATION NO.
TITLE OF INVENTION: RADIO FREQUENCY IDENTIFICATION METHOD AND SYSTEM OF DISTRIBUTING PRODUCTS 5594								
							77.004	
APPLN. TYPE	SMALL ENTITY	<u>. </u>	FEE DUE	PUBLICATION FEE DU		E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$	1400	\$0	\$1400		\$1400	06/22/2007
EXAMINER ART UNIT				CLASS-SUBCLASS				
NGUYEN, KIMI		2876	235-385000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 3 registered attorney or agent) and the names of up to 3 registered attorney or agent) and the names of up to 3 registered attorneys or agent attor								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Promega Corporation Madison Wisconsin								
Table of the state								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💹 Corporation or other private group entity 🔘 Government								
la. The following fee(s) are s I ssue Fee Publication Fee (No sr Advance Order - # of	nall entity discount p	4b 	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).					
. Change in Entity Status (from status indicated	above)						
Interest as shown by the record				b. Applicant is no lo from anyone other than Office.	onger claiming SMAL the applicant; a regis	L ENTIT	Y status. See 37 CFF mey or agent; or the	assignce or other party in
Authorized Signature			31, 2					
Typed or printed name	·	Registration No. 37, 838						
his collection of information n application. Confidentialit ubmitting the completed app is form and/or suggestions tox 1450, Alexandria, Virgin dexandria, Virginia 22313-1 Inder the Paperwork Reducti	n is required by 37 Cl y is governed by 35 blication form to the for reducing this burning 22313-1450. DO 450, on Act of 1995, no po	R 1.311. T J.S.C. 122 USPTO. Ti den, should NOT SENI	he information and 37 CFR I me will vary be sent to the D FEES OR C	n is required to obtain on 1.14. This collection is edepending upon the independing upon the independent of the chief Information Officompleted Forms	r retain a benefit by the stimated to take 12 m ividual case. Any corect, U.S. Patent and TO THIS ADDRESS	ne public wantinutes to mments or Frademark	which is to file (and becomplete, including the amount of time. Office, U.S. Depart O: Commissioner for	y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450,
	/31/2007 INTEF		7436 09981	219			*	moet.
01 FC:8001 15.00 DA TOL-85 (Rev. 07/06) Approved for use through 04/30/2007. OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE								
10.	justment date: /30/2006 INTEFS FC:1501	06/01/20 W 00000 1400.00	289 06120	AR1 01 FC 5	:1501 140	0.00 DA	1	,